

ALABAMA BOARD OF FUNERAL SERVICE  
APPLICATION  
ESTABLISHMENT NAME CHANGE

Mail to:  
P.O. Box 30952  
Montgomery, AL 36130

To: THE ALABAMA BOARD OF FUNERAL SERVICE

From: \_\_\_\_\_  
(Name of Current Establishment) (License No.) (Phone No.)  
\_\_\_\_\_  
(Address of Current Establishment) (City) (Zip Code)

1. Pursuant to sections 34-13-111 and 114, Code of Alabama 1975, Application is hereby made to accomplish change of name of the above –named Funeral Establishment as follows:

(A) New Name and Address of the establishment is:

\_\_\_\_\_  
(Requested Name of Establishment) (Phone No.)  
\_\_\_\_\_  
(Establishment Address ) (City) (Zip Code)

(B) Name and permanent license number of Managing Funeral Director:

\_\_\_\_\_  
(Name: First, Middle, Last) (License No.)

(C) Name and permanent license number of Managing Embalmer:

\_\_\_\_\_  
(Name: First, Middle, Last) (License No.)

(D) Name Change License Fee of \$25.00 is enclosed.

(E) The effective date of the Name Change is: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Managing Funeral Director/ Owner)  
\_\_\_\_\_  
(Title) (Date)